## UNITED STATES DISTRICT COURT DISTRICT OF OREGON

LEE WALTI	ERS, MD, and JANE F	ROE	vil Case No.		
Plaint	iff(s).		APPLICATION FOR SP ADMISSION – <i>PRO HA</i> 0		
V.	(3),	Al	DIVITOSION –	- PRO HAC	VICE
VITAMIN SHOF The Vitamin Sho	PPE, INC., and VS DIRECT., doppe	ba			
Defen	dant(s).				
Attorn	Robert Allen Curtis	re	quests specia	al admission	<i>pro hac vice</i> in
the above-capt	tioned case.				
requirements of	of Attorney Seeking <i>Pro I</i> of LR 83-3, and certify that				nd the
(1)	PERSONAL DATA:	5.1.1		-	
	Name: Curtis	Robert		Α.	
	(Last Name) Firm or Business Affiliat	(First Name) tion: Foley Bezek Be	hle & Curti	(MI) s, LLP	(Suffix)
	Mailing Address:	15 West Carrillo St			
	City: Santa Barbara	State:	CA	Zip: 5	93101
Phone Number: 805.962.9495			_ Fax Numb	005.00	2.0722
	Business E-mail Address	RCurtis@Foleybe	zek.com		

(2)	BAF	BAR ADMISSIONS INFORMATION:					
	(a)	State bar admission(s), date(s) of admission, and bar ID number(s): California, December 1999, ID #203870					
	(b)	Other federal court admission(s), date(s) of admission, and bar ID number(s): Central District of California, December 1999; Northern District of California, November 2006;					
		Western District of Michigan, May 2002; Southern District of California, February 2009;					
		9th Circuit Court of Appeals, October 2006.					
(3)	CEF	CERTIFICATION OF DISCIPLINARY ACTIONS:					
	(a)	☑ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or					
	(b)	☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)					
4)	CEF	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:					
	insu	re professional liability insurance, or financial responsibility equivalent to liability rance, that will apply and remain in force for the duration of the case, including any real proceedings.					
5)	REP	REPRESENTATION STATEMENT:					
	I am	I am representing the following party(s) in this case:					
	All	plaintiffs / putative class representatives / class members.					

(6		ear di	CULCULO	ATION:
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Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (*See* the Court's website at <u>ord.uscourts.gov</u>), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

## CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

DATED this 12 day of March (Signature of Local Counsel) Name: Klingbeil Rick (Last Name) (First Name) (Suffix) Oregon State Bar Number: 933326 Firm or Business Affiliation: Rick Klingbeil, PC Mailing Address: 2222 NE Oregon Street, Suite 213 Zip: 97232 City: Portland \_\_\_\_\_ State: Oregon Phone Number: 503.473.8565 Business E-mail Address: rick@klingbeil-law.com **COURT ACTION** ☐ Application approved subject to payment of fees. ☐ Application denied. **DATED** this \_\_\_\_\_ day of \_\_\_\_\_ Judge